

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594030

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1	1			
3	2		1			
4	1		1			
5	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	6	←	5	←	←	
TOTAL CLAIMS	7		6			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.					←	
TOTAL CLAIMS					←	